

Association between pelvic floor disorder symptoms and QoL scores with depressive symptoms among pelvic organ prolapse patients

Cita:

Pizarro-Berdichevsky, J., Hitschfeld, M. J., Pattillo, A., Blumel, B., Gonzalez, S., Arellano, M., ... & Goldman, H. B. (2016). Association between pelvic floor disorder symptoms and QoL scores with depressive symptoms among pelvic organ prolapse patients. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 56(4), 391-397.

Abstract

Background: There is no consensus on the relationship between depressive symptoms (DS) and pelvic organ prolapse (POP) symptoms and quality of life (QoL). Our hypothesis was that women with DS and POP have worse symptoms and QoL than those without DS and POP.

Aim: Our aim was to compare two groups of POP patients, those with depressive symptoms and those without, and evaluate the association of symptoms and QoL.

Materials and methods: This planned report is part of a prospective study evaluating the impact of pessary use among symptomatic POP patients. Patients were evaluated by POP quantification (POP-Q), pelvic ultrasound (US), voiding diaries, stress test, pad test, Pelvic Floor Distress Inventory (PFDI-20), Prolapse QoL (P-QoL) and the Goldberg Health Questionnaire (GHQ-12) (psychological health screening for DS when score ≥ 5). A sample size of 78 patients was required to demonstrate a 50-point difference in the global PFDI-20 score with 80% power and 95% probability.

Results: Ninety-one women with POP were included. GHQ-12 was positive in 47 (51.6%) patients. No differences were found in POP-Q, pad and stress test between those with a positive GHQ-12 and those without. However, GHQ-12 was associated with higher PFDI-20 scores and higher scores in seven of nine P-QoL domains. GHQ-12 persisted as an independent risk factor for worse P-QoL scores after multivariable analysis.

Conclusion: A 'positive' screening for DS was associated with worse PFDI-20 and P-QoL scores despite no difference in objective measurements. It may be that depressed patients interpret their symptoms differently.